

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Suwara B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092612

1. Corporation Name

BARDOT DEVELOPMENT CORPORATION

Principal Place of Business

12094 E. DIVIDING OAKS TRAIL
JACKSONVILLE FL 32223

Mailing Address

12094 E. DIVIDING OAKS TRAIL
JACKSONVILLE FL 32223

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHEN, BARBARA F PHARIS	12094 E. DIVIDING OAKS TRAIL	JACKSONVILLE FL 32223

300002360443--9
-12/02/97--01041--006
****165.00 ****165.00

8. Name and Address of Current Registered Agent

FORD, ROBERT A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

ROBERT J. PHARIS

Street Address (P.O. Box Number is Not Acceptable)

12094 DIVIDING OAKS TRAIL E.

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State

FL

Zip Code

32223

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara F. Pharis
REGISTERED AGENT MUST SIGN

Date

11/22/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barbara F. Pharis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/97
Date

Daytime Phone #

CR2E040 (8/97)

2

November 21, 1997

Hon. Sandra B. Mortham
Secretary of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida
32314

Dear Secretary Mortham,

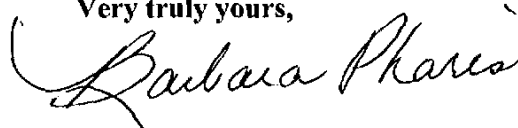
This is in connection with the administrative dissolution or revocation of our corporation for failure to file the 1997 corporation annual report.

Please be advised that in all honesty we are not aware that even if the business have no activities that still we will be required to file the annual report.

Enclosed herewith is a check for \$ 165.00 for the annual report and corporate supplemental fees for the year 1997 and requesting your good office to waive the reinstatement fee in view of our misunderstanding of the requirements.

Rest assured that we will not fail to submit the necessary report next time. Anticipating your most valued approval on the request and the reinstatement of our corporate status.

Very truly yours,

A handwritten signature in cursive script that reads "Barbara Pharis". The signature is written in dark ink and is positioned above the printed name and title.

Barbara Pharis
President